

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> NO ON PROP 31 - CALIFORNIANS AGAINST PROHIBITION, SPONSORED BY MANUFACTURERS			<b>Date of This Filing</b> <u>11/02/2022</u>	Date Stamp       Page 1 of 4	<div style="background-color: black; color: white; padding: 10px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1431407	<b>Report No.</b> <u>1020</u>			
STREET ADDRESS		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>			
CITY SAN RAFAEL		STATE CA	ZIP CODE 94901		<b>No. of Pages</b> <u>4</u>

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/01/2022	PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814  Memo Reference: F497P1.NON373	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$30,000.00
11/01/2022	PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814  Memo Reference: F497P1.NON374	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$22,500.00
11/01/2022	PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814  Memo Reference: F497P1.NON375	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,500.00

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1431407	<b>Report No.</b> <u>1020</u>			
STREET ADDRESS		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>			
CITY SAN RAFAEL		STATE CA	ZIP CODE 94901	<b>No. of Pages</b> <u>4</u>	

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11/01/2022	PHILIP MORRIS USA INC. AND ITS AFFILIATES SACRAMENTO, CA 95814  Memo Reference: F497P1.NON376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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<b>AREA CODE/PHONE NUMBER</b> (415)389-6800	<b>I.D. NUMBER</b> (if applicable) 1431407				
<b>STREET ADDRESS</b>					
<b>CITY</b> SAN RAFAEL	<b>STATE</b> CA	<b>ZIP CODE</b> 94901			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: F497P1.NON373

NON-MONETARY CONTRIBUTION; MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

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Memo Reference: F497P1.NON374

NON-MONETARY CONTRIBUTION; MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

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Memo Reference: F497P1.NON375

NON-MONETARY CONTRIBUTION; MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

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Memo Reference: F497P1.NON376

ESTIMATED NON-MONETARY CONTRIBUTION FOR THE PERIOD 11/1 - 11/8/2022; MADE THROUGH ITS SERVICE COMPANY ALTRIA CLIENT SERVICES, LLC (SAME ADDRESS)

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